

Please type the plus sign (+) inside this box →

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1637/14

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

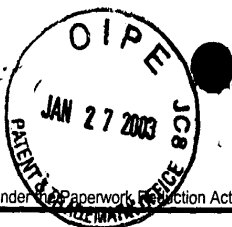
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number																																		
		09/898,745																																		
		Filing Date																																		
		July 3, 2001																																		
		First Named Inventor																																		
		DAVIS, RONALD W.																																		
		Group Art Unit																																		
		1637																																		
		Examiner Name																																		
		STRZELECKA, TERESA E.																																		
Total Number of Pages in This Submission		Attorney Docket Number																																		
18		STAN-155																																		
ENCLOSURES (check all that apply)																																				
<table border="0"><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input checked="" type="checkbox"/> Amendment / Reply</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input checked="" type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td>1. Postcard</td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> Request for Refund</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Documents</td><td><input type="checkbox"/> CD, Number of CD(s) _____</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Postcard	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) _____		<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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Remarks		RECEIVED JAN 31 2003 TECH CENTER 1800/2900																																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Firm or Individual Name	JAMES S. KEDDIE, Reg. No. 48,920																																			
Signature																																				
Date	January 17, 2003																																			

CERTIFICATE OF MAILING	
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Typed or printed name	Susan M. Alessi
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PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/898,745
		Filing Date	July 3, 2001
		First Named Inventor	DAVIS, RONALD W.
		Examiner Name	STRZELECKA, TERESA E.
		Group Art Unit	1637
		Attorney Docket No.	STAN-153
TOTAL AMOUNT OF PAYMENT (\$)		465.00	
METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Basilevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
2. BASIC FILING FEE			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
101 740 201 370 Utility filing fee			
106 330 206 165 Design filing fee			
107 510 207 255 Plant filing fee			
108 740 208 370 Reissue filing fee			
114 160 214 80 Provisional filing fee			
SUBTOTAL (1)			
1. EXTRA CLAIM FEES			
Total Claims 13-20** = x		Fee from below =	
Indep. Claims 4-3** = x		Fee Paid =	
Multiple Dependent =			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
103 18 203 9 Claims in excess of 20			
102 84 202 42 Independent claims in excess of 3			
104 280 204 140 Multiple dependent claim, if not paid			
109 84 209 42 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) \$			
**or number previously paid, if greater; For Reissues, see above.			
		SUBTOTAL (3) (\$)	
		465.00	

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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James S. Keddie	Registration No. (Attorney/Agent)	48,920
Signature		Telephone	(650) 327-3400
		Date	01/17/2003

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